

Confined Animal Feeding Operation Closure Certification

(Required Form)

As required by 327 IAC 16-11-3(d), this notification form must be completed, signed, dated, and returned to IDEM no later than thirty (30) days after permanent closure of either a portion of or an entire waste storage structure. The form must be submitted to:

Confined Feeding Program
Indiana Department of Environmental Management
100 North Senate Avenue
P.O. Box 6015
Indianapolis, Indiana 46206-6015

Far Ov Na Lo If a	rm ID Number (Log#), (or) Approval Number, AW where Name (Name to which the Approval was issued): Telephone Number: () was of Operation (if applicable): Telephone Number: () was of the above information is unknown, contact IDEM at 317/232-4473.
Fu	Farm ID Number (Log#),
Ne	ew Combined Storage Capacity at Facility (after closure): days
	Certification Statement
Ι, _	, being first duly sworn upon oath, deposes and says:
1.	
2.	I hold the position of for (facility's name), and by virtue of my position with (facility's name), I am authorized to make the representation contained in this certification on behalf of the confinement operation.
3.	I have personal knowledge of the closure of the waste storage structure that is the subject of this certification.
4.	I have removed all manure from the closed waste storage structure.
5.	
6.	
7.	3(a-c), and as required by 327 IAC 16-11-3(d), I HEREBY AFFIRM UNDER PENALTY OF PERJURY THAT
	Date Signature

Printed Name